

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9177

State File No. _____

Registrar's No. 95

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>4238</u>		State File No. _____		Registrar's No. <u>95</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>					2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Buckner</u> TOWN			c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Buckner</u> TOWN					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>His own home</u>					d. STREET ADDRESS <u>none</u> (If rural, give location)					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>August Frederick</u> b. (Middle) <u>Noltensmeyer</u> c. (Last) _____			4. DATE OF DEATH (Month) <u>March</u> (Day) <u>7</u> (Year) <u>1950</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 27. 1883</u>		9. AGE (In years last birthday) <u>67</u> Months <u>1</u> Days <u>10</u> IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>his own farm</u>			11. BIRTHPLACE (State or foreign country) <u>Morrison Mo.</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>William Noltensmeyer</u>			13b. MOTHER'S MAIDEN NAME <u>Charlotta Ernstmeyer</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Myrtle Noltensmeyer</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY (If yes, give war or dates of service) <u>496-09-3593</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Myrtle Noltensmeyer-Buckner</u> <u>Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Diabetes</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>21-0X</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>March</u> , 19 <u>40</u> , to <u>Mar. 7</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Mar. 7, 1950</u> and that death occurred at <u>3:30 AM</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>W. H. Higgins DO</u>					23b. ADDRESS <u>Buckner Missouri</u>			23c. DATE SIGNED <u>Mar. 7. 50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 9. 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Buckner Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Buckner Missouri</u>				
DATE REC'D BY LOCAL REG. <u>Mar. 8-1950</u>		REGISTRAR'S SIGNATURE <u>W. H. Higgins</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. Kappeler</u>		ADDRESS <u>Buckner Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

MAR 13 RECD

MAR 22 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Ralph O. Jones

Licensed Embalmer No. *4604*

P. O. Address *Buckner*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.